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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re Application of  
Peter K. Law

Application No.: 10/509,940

Filing Date: June 3, 2005

For: Cellular Transplantation For Heart  
Regeneration

:  
:: Art Unit: 1633  
:  
: Confirmation No.: 4972  
:  
: Examiner: Ileana Popa  
:  
: Attorney Docket:  
LAW.020.0002.PC

**REVOCATION OF POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

An attached, properly signed and dated revocation of power of attorney is submitted for application serial number 10/509,940.

Please send all correspondence to the address associated with customer number 58789, as directed on the attached form SB/82.

Please contact Marvin Motsenbocker at 202-659-0100 if there are any questions.

Thank you.

Respectfully submitted,

Marvin A. Motsenbocker  
Reg. No. 36,614

March 7, 2007  
1300 Eye Street, N.W.  
1000 West Tower  
Washington, DC 20005  
(202) 659-0100



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PTO/SB/82 (01-06)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/509,940
	Filing Date	June 3, 2005
	First Named Inventor	Peter K. Law
	Art Unit	1633
	Examiner Name	Ileana POPA
	Attorney Docket Number	LAW.020.0002.PC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

58789

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name					
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Signature	<i>Peter K. Law</i>		
Name	Peter K. Law		
Date	March 6, 2007	Telephone	1-905-(08)-021

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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